

SPECIAL REQUEST

NAME _____ TODAY'S DATE _____

<u>SPECIAL ROTATION</u>	<u>ADD Rotation</u>	<u>DROP Rotation</u>
Which Rotation? _____	<input type="checkbox"/>	<input type="checkbox"/>
Date(s) _____		
Faculty Signature _____		

PROFESSIONAL DAY (5 days allowed/year – no more than two days/rotation, not first or last day of rotation)

Which Rotation? _____
Dates(s) _____
Reason _____
Faculty Signature _____

NAVLE Board Date _____

Which Rotation? _____
Faculty Signature _____

SICK DAY

Date(s) _____
Faculty Signature _____

Return form to JoAnn Disch in OAA